

Telephone Hearing

Telephone hearings are a convenient and less costly alternative to in-person hearings. Oral testimony and oral challenges may be conducted, and other evidence may be submitted by mail or facsimile.

On-The-Record (OTR) Hearing

OTR hearings and decisions are identical to those rendered in the hearings described above and follow the same instructions. The major advantage is the speed with which an OTR hearing can be held and a decision rendered. When an appellant specifically requests an OTR hearing, the resulting decision is not a POTR decision and the appellant does not have the further option of requesting an in-person or telephone hearing.

HO Decision Notification

The HO will notify the appellant of the HO hearing decision in writing and provide him or her with information on further appeals rights if the decision is not fully favorable.

Third Level of Appeal: Administrative Law Judge

If at least \$100 remains in controversy following the HO's decision, a request for an Administrative Law Judge (ALJ) hearing can be made within 60 days of receipt of the HO determination. The HO decision will include instructions for obtaining an ALJ hearing. Hearing preparation procedures are set by the ALJ.

Fourth Level of Appeal: Departmental Appeals Board Review

If the appellant is dissatisfied with the ALJ's decision, he or she may request a review by the Departmental Appeals Board (DAB). There are no requirements regarding the amount of money in controversy. The request for a DAB review must be submitted within 60 days of receipt of the ALJ's decision, and should specify the issues and findings by the ALJ being contested.

Fifth Level of Appeal: Judicial Review in US District Court

If \$1,050 or more is still in controversy following the DAB's decision, judicial review before a US District Court judge can be considered. The appellant must request a US District Court hearing within 60 days of receipt of the DAB's decision.

For More Information Medicare Learning Network

For more information about the Medicare appeals process, please visit the Medicare Learning Network's Appeals Functional Guide located at:

www.cms.hhs.gov/medlearn/eduguides/ on the CMS website.

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare providers. For additional information visit our website at *www.cms.hhs.gov/medlearn* on the CMS website.



This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

May 2005

THE MEDICARE APPEALS PROCESS

**Five Levels to Protect
Physicians and Other Suppliers**



The Medicare Appeals Process: Five Levels to Protect Physicians and Other Suppliers

This brochure provides an overview of the five levels of the Medicare Part B administrative appeals process available to physicians and other suppliers who provide services and supplies to Medicare beneficiaries, as well as details on where to obtain more information about this appeals process.

Medicare Contractors

The Centers for Medicare & Medicaid Services (CMS) contracts with private insurance companies (called Carriers for Part B and Fiscal Intermediaries (FI) for Part A) to perform many processing functions on behalf of Medicare, including local claims processing and the adjudication functions.

NOTE: Medicare Contracting Reform (MCR) Update

Section 911 of the MMA enacted numerous contracting reforms. A key aspect of these reforms is that Medicare will begin integrating FIs and Carriers into a new single authority, called a Medicare Administrative Contractor (MAC). Beginning October 1, 2005, any new Medicare contractor will be called a MAC. Also, from October 2004 through October 2011, all existing FIs and Carriers will be transitioned into MACs. Providers may access the most current MCR information to determine the impact of these changes at www.cms.hhs.gov/medicarereform/contractingreform on the CMS website.

Appealing Medicare Decisions

- Once an initial claim determination is made, participating physicians and other suppliers generally have the right to appeal.
- Physicians and other suppliers who do not take assignment have limited appeal rights.
- Beneficiaries may assign their appeal rights to physicians or other suppliers who provide them with items or services.

Five Levels in the Appeals Process

Medicare offers five levels in the Part B appeals process. The levels, listed in order, are:

- Redetermination
- Hearing Officer (HO) Hearing
- Administrative Law Judge (ALJ) Hearing
- Departmental Appeal Board Review
- Judicial Review in US District Court

First Level of Appeal: Redetermination

A redetermination is an examination of a claim by Carrier personnel who are independent of the personnel who made the initial determination. The appellant (the individual filing the appeal) has 120 days from the date of receipt of the initial claim determination to file an appeal. A redetermination can be requested in writing or over the telephone to the local Medicare Carrier. No monetary threshold is required to be met.

Requesting a Redetermination in Writing

A request for a redetermination can be filed on Form CMS-20027 available at www.cms.hhs.gov/forms or in writing. The request must include:

- Beneficiary name
- Medicare Health Insurance Claim (HIC) number
- Specific service and/or item(s) for which a redetermination is being requested
- Specific date(s) of service
- Signature of the party or the appointed representative of the party

With a written request, the appellant should attach any supporting documentation.

Requesting a Redetermination by Telephone

When requesting a redetermination by telephone, the appellant should have the information ready for filing a written request plus the beneficiary's date of birth. For more information, contact the toll-free Customer Service line of your local Medicare Carrier. A listing of these telephone numbers is available at www.cms.hhs.gov/medlearn/tollnums.asp on the CMS website. Requesting a telephone redetermination does not ensure that the request will be resolved during the call. Additionally, please note that contractors can no longer correct minor errors and omissions on claims through the appeals process. For information on how to correct minor errors and omissions, please see the following Medlearn Matters article located at: www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0420.pdf on the CMS website.

Some claim denials may be resolved after the telephone request, through a written process. If this happens, the appellant will be notified of the results through a Medicare Redetermination Notice (MRN), a Remittance Advice (RA), or a Medicare Summary Notice (MSN).

Second Level of Appeal: Hearing Officer Hearing

A hearing may be requested if the appellant is dissatisfied with the redetermination decision and the difference between the billed amount and the Medicare-allowed amount (less any outstanding deductible) is \$100 or more. A Medicare-appointed Hearing Officer (HO) will conduct the hearing and determine if the Carrier's decision followed appropriate guidelines.

Filing a Hearing Request

A written hearing request must be filed within six months of the redetermination. Upon request by the affected party, the HO may extend the period for filing the request for a hearing if good cause is shown. The request must clearly explain why the redetermination was unsatisfactory, and specify the type of hearing requested. The request, a copy of the MRN, and any other useful documentation should be sent to the address of the local Carrier's HO. There are three types of hearings: on-the-record, in-person, and telephone.

Preliminary On-The-Record (POTR) Hearing

Where either an in-person or telephone hearing has been requested, the HO may first prepare a decision based on the information in the file, including any information the appellant wishes to submit. The HO may conduct a POTR hearing and issue a decision unless:

- The POTR could significantly delay the in-person or telephone hearing
- The HO believes that the facts can be clarified only through oral testimony
- A different HO would not be available to conduct the in-person or telephone hearing should the appellant not be satisfied with the POTR hearing decision
- Workload considerations do not support conducting POTR hearings

In-person Hearing

In-person hearings allow the appellants and/or representatives to present oral testimony and written evidence supporting the claim and challenging the information the Carrier used to deny the claim.